

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/574,667-Conf.# 7732
	Filing Date	April 5, 2007
	First Named Inventor	Nathan RAVI
	Art Unit	1615
	Examiner Name	N/A
	Attorney Docket Number	111828.0137

To: **Commissioner for Patents**
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☒ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: August 27, 2010

Electronic Signature for Minh-Quan K. Pham: /Minh-Quan K. Pham/



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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or
Assignee Name

THE UNITED STATES OF AMERICA AS REPRESENTED BY THE
DEPARTMENT OF VETERANS AFFAIRS

Address Technology Transfer Program, Office of Research and Development, 810 Vermont Avenue
NW

City Washington State DC Zip 20420 Country United States of America

Telephone _____ Email _____

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature /Minh-Quan K. Pham/

Name Minh-Quan K. Pham

Registration No. 50,594

Address Blank Rome LLP
600 New Hampshire Ave., NW

City Washington State DC Zip 20037 Country US

Date August 27, 2010

Telephone No. (202) 772-5800

NOTE: Withdrawal is effective when approved rather than when received.

Request for Withdrawal as Attorney or Agent	Practitioner Registration Numbers Supplemental Sheet			
	Page 3 of 3 Pages			
Name	Registration Number	Name	Registration Number	
Katherine P. Barecchia	50,607			
David J. Edmondson	35,126			
Michael C. Greenbaum	28,419			
Brian W. Higgins	48,443			
Tara L. Marcus	46,510			
Thomas C. Martin	57,677			
Minh-Quan K. Pham	50,594			
Peter S. Weissman	40,220			
Michael D. White	32,795			
Victor M. Wigman	25,201			
Charles R. Wolfe, Jr.	28,680			